Application for Permission to Practice Tattoo/Body Art

		Initial ApplicationRenewal Application	
Date:			
Name of Practitioner:			
Home Address of Practition	oner:		
Phone and Email address (required):			
Name of Facility:			
Address of Facility:			
Telephone of Facility :			
Owner's Name:			
Owner's Address:			
Owner's Telephone:	Owner's Email:		
Type of Practitioner Perm	it		
Tattoo	\$150.00 per Lynn Board	d of Health 3/10/20	
Piercing Only	\$150.00 per Lynn Board of Health 3/10/20		
Body Art	\$200.00 per Lynn Board of Health 3/10/20		
Required Attachments:			
Original form US gover	nment issued ID with Date of b	oirth. Initial Applications Only	
CPR Certificate	Blood Borne Pathogens Certificate		
For office use only: *plea	se note all permits will be ema	niled from "noreply@smartgovcommunity.com"	
Date Paid:	, Cash/Credit/Check	, Clerk's Initials	
6/17/20 — W/Tattoos and Body Art/	Application for Permission to Operate		